

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>15092</u>  | 2. Fiscal Year Covered From:<br><u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>  |
| 3. Name and address of person filing.<br>Name <u>Robert C. Tieman</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>2733 Turnstone Dr</u><br>City <u>Pleasanton</u><br>State <u>CA</u> <u>94566</u> ZIP Code + 4 | 4. Name, file number, and address of labor organization.<br>Name <u>IBEW Local 595</u><br>Labor Organization File Number <u>036247</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>6250 Village Parkway</u><br>City <u>Dublin</u><br>State <u>CA</u> <u>94568</u> ZIP Code + 4 |
| 5. Position in labor organization.   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-13-05  
Date

925 417-0180  
Telephone Number

|  |                |
|--|----------------|
| Name of Person Filing <i>Robert C Tieman</i> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Alameda County Electrical JATA</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>3033 Alvarado St.</i></p> <p>City <i>San Leandro</i></p> <p>State <i>CA 94577</i> ZIP Code + 4</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> Trust</p> <p>c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>See Above</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p><i>Graduation Dinner on 2-28-04</i><br/><i>Spouse - Stephanie Tieman \$ 50.00</i><br/><i>Self 50.00</i><br/><i>Total \$100.00</i></p> <p>11.b. Approximate dollar value of such dealing. <i>\$100.00</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Dinner (same as Above)</i></p> <p>12.b. Amount.</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p> |

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|---|----------------|
| Name of Person Filing <i>Robert C. Tice</i> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| 8. Name and address of Business (including trade name, if any).<br>Name <i>Alameda County Electrical JATC</i><br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street <i>3033 Alvarado St</i><br>City <i>San Leandro</i><br>State <i>CA</i> <i>94577</i> ZIP Code + 4 | 9. Business deals with:<br>a. Labor Organization<br><input checked="" type="checkbox"/> b. Trust<br>c. Employer   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4   | 11.a. Nature of such dealing.<br><i>JATC Trust Training</i><br><i>Las Vegas Oct 2003</i>  |
|   | 11.b. Approximate dollar value of such dealing.<br>12.a. Nature of interest held or income received.<br><i>RCVD Reimbursement</i><br><i>Jan 6 2004</i><br><i>Air Fare</i> |
|   | 12.b. Amount. <i>\$192.50</i>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment. |

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| Name of Person Filing <u>Robert C. Freeman</u> | File Number <b>U-</b> |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any).<br><br>Name <u>Alameda County Electrical JATC</u><br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>3033 Alvarado St.</u><br>City <u>San Leandro</u><br>State <u>CA</u> <u>94577</u> ZIP Code + 4 | 9. Business deals with:<br><br>a. Labor Organization<br><br><input checked="" type="checkbox"/> b. Trust<br><br>c. Employer  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br><br>Name <u>See Above</u><br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4   | 11.a. Nature of such dealing.<br><u>JATC Trust Training</u><br><u>Las Vegas Oct 2003</u><br><br>11.b. Approximate dollar value of such dealing.<br><br>12.a. Nature of interest held or income received.<br><u>Received Reimbursement</u><br><u>Jan 6 2004</u><br><u>Hotel fee</u><br><br>12.b. Amount <u>\$150.46</u> |

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| <b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.                                  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4 | 14.a. Nature of payment.<br><br><br><br><br><br><br><br><br><br> |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   |

Name of Person Filing

*Robert C. Terman*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Electrical Contractor Trust*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *4198*

Street

City *Hayward*State *CA 94540*

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

*ECT Dinner (Installation of officers) Shelby Terman \$30  
Self 30  
\$ 60.00*

11.b. Approximate dollar value of such dealing.

*\$60.00*

12.a. Nature of interest held or income received.

*Dinner (same as Above)*

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

|  |                |
|--|----------------|
| Name of Person Filing <i>Robert C Tieman</i> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Electrical Contractors Trust</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>4198</i></p> <p>Street <i>Hayward</i></p> <p>City</p> <p>State <i>CA</i> <i>94546</i> ZIP Code + 4</p> | <p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><i>ECT Dinner (Installation of officers)</i></p>  |
|  | <p>11.b. Approximate dollar value of such dealing.</p>  |
|  | <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><i>Raffle prize</i><br/><i>Patro Heater</i></p>   |
|  | <p>12.b. Amount. <i>\$ 200.00</i></p>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p> |